

G M M C J S

1 agency shall give priority to placement in unsubsidized employment and providing
2 case management services under par. (am) over placements under subs. (3) to (5).”.

3 *b0939/P1.1*598. Page 637, line 1: delete lines 1 to 5 and substitute
4 “participant at the time of application or review and may require a participant to
5 participate in education or training activities for not more than 10 hours per week,
6 except that the Wisconsin Works agency may not require a participant under this
7 subsection to spend more than 40 hours per week in combined activities under this
8 subsection.”.

9 *b0939/P1.2*599. Page 638, line 24: delete the material beginning with that
10 line and ending with page 639, line 3, and substitute “placement to participate in
11 education or training activities for not more than 12 hours per week and to engage
12 in activities under par. (b) 1m. to 4. ~~The Wisconsin Works agency, but~~ may not require
13 a participant under this subsection to spend more than 40 hours per week in
14 combined activities under this subsection.

15 SECTION 1357f. 49.147 (5) (bs) of the statutes, as affected by 2011 Wisconsin
16 Act (this act), is amended to read:

17 49.147 (5) (bs) *Required hours.* Except as provided in par. (bt) and sub. (5m),
18 a Wisconsin Works agency may require a participant placed in a transitional
19 placement to participate in education or training activities for not more than 12
20 hours per week and to engage in activities under par. (b) ~~1m. to 4. 1.~~ 1., but may not
21 require a participant under this subsection to spend more than 40 hours per week
22 in combined activities under this subsection.”.

23 *b0939/P1.3*600. Page 639, line 9: delete “\$5.15” and substitute “~~\$5.15~~ \$5”.

24 *b0939/P1.4*601. Page 639, line 15: delete “\$5.15” and substitute “~~\$5.15~~ \$5”.

D
E

1 ***b0939/P1.5*602.** Page 639, line 25: delete “\$5.15” and substitute “\$5.15 \$5”.

2 ***b0939/P1.6*603.** Page 640, line 8: delete “~~1m. to 4.~~” and substitute “1m. to
3 4.”.

4 ***b0939/P1.7*604.** Page 640, line 9: delete “1. a. to d.”.

5 ***b0939/P1.8*605.** Page 640, line 9: delete “\$5.15” and substitute “\$5.15 \$5”.

6 ***b0926/1.1*606.** Page 640, line 12: after that line insert:

7 “**SECTION 1361s.** 49.148 (1m) (a) 1. of the statutes is amended to read:

8 49.148 (1m) (a) 1. A custodial parent of a child ~~12~~ 8 weeks old or less who meets
9 the eligibility requirements under s. 49.145 (2) and (3), unless another adult member
10 of the custodial parent’s Wisconsin Works group is participating in, or is eligible to
11 participate in, a Wisconsin Works employment position or is employed in
12 unsubsidized employment, as defined in s. 49.147 (1) (c).”.

13 ***b0939/P1.9*607.** Page 640, line 12: after that line insert:

14 “**SECTION 1361f.** 49.148 (1) (c) of the statutes, as affected by 2011 Wisconsin Act
15 (this act), is amended to read:

16 49.148 (1) (c) *Transitional placements.* For a participant in a transitional
17 placement under s. 49.147 (5) or in a transitional placement and in technical college
18 education under s. 49.147 (5m), a grant of \$608, paid monthly by the Wisconsin
19 Works agency. For every hour that the participant fails to participate in any required
20 activity without good cause, including any activity under s. 49.147 (5) (b) ~~1m. to 4.~~
21 1. a. to d., the grant amount shall be reduced by \$5. Good cause shall be determined
22 by the financial and employment planner in accordance with rules promulgated by
23 the department. Good cause shall include required court appearances for a victim
24 of domestic abuse.”.

1 ***b0955/1.2*608.** Page 641, line 7: after that line insert:

2 “**SECTION 1367c.** 49.152 (1) of the statutes is amended to read:

3 49.152 (1) PETITION FOR REVIEW. Any individual whose application for any
4 component of Wisconsin ~~works~~ Works is not acted upon by the Wisconsin ~~works~~
5 Works agency with reasonable promptness after the filing of the application, as
6 defined by the department by rule, or is denied in whole or in part, whose benefit is
7 modified or canceled, or who believes that the benefit was calculated incorrectly ~~or~~,
8 that the employment position in which the individual was placed is inappropriate,
9 or that providing case management services under s. 49.147 (2) (am) in lieu of
10 placement in a Wisconsin Works employment position is inappropriate, may petition
11 the Wisconsin ~~works~~ Works agency for a review of such action. Review is unavailable
12 if the action by the Wisconsin ~~works~~ Works agency occurred more than 45 days prior
13 to submission of the petition for review.

14 **SECTION 1367e.** 49.152 (3) (a) of the statutes is amended to read:

15 49.152 (3) (a) If, following review under sub. (2), the Wisconsin ~~works~~ Works
16 agency or the department determines that an individual, whose application for a
17 Wisconsin ~~works~~ Works employment position was denied based on eligibility, was in
18 fact eligible, or that the individual was placed in an inappropriate Wisconsin ~~works~~
19 Works employment position or inappropriately provided case management services
20 under s. 49.147 (2) (am) in lieu of placement in a Wisconsin Works employment
21 position, the Wisconsin ~~works~~ Works agency shall place the individual in the first
22 available Wisconsin ~~works~~ Works employment position that is appropriate for that
23 individual, as determined by the Wisconsin ~~works~~ Works agency or the department.
24 An individual who is placed in a Wisconsin ~~works~~ Works employment position under

1 this paragraph is eligible for the benefit for that position under s. 49.148 beginning
2 on the date on which the individual begins participation under s. 49.147.”.

3 ***b1053/2.37*609.** Page 641, line 25: delete that line.

4 ***b1053/2.38*610.** Page 642, line 1: delete lines 1 to 3.

5 ***b0839/3.14*611.** Page 642, line 13: after that line insert:

6 **“SECTION 1376n.** 49.155 (1m) (a) 1m. b. of the statutes is amended to read:
7 49.155 (1m) (a) 1m. b. The individual has not yet attained the age of 18 years
8 and the individual resides with his or her custodial parent or with a kinship care
9 relative under s. 48.57 (3m) or with a long-term kinship care relative under s. 48.57
10 (3n) or is in a foster home licensed under s. 48.62, a subsidized guardianship home
11 under s. ~~48.62 (5)~~ 48.623, a group home, or an independent living arrangement
12 supervised by an adult.”.

13 ***b1053/2.39*612.** Page 642, line 14: delete lines 14 to 21.

14 ***b0839/3.15*613.** Page 642, line 17: after that line insert:

15 **“SECTION 1377e.** 49.155 (1m) (bm) of the statutes is amended to read:
16 49.155 (1m) (bm) If the individual is providing care for a child under a court
17 order and is receiving payments on behalf of the child under s. 48.57 (3m) or (3n) or
18 ~~48.62 (5)~~ 48.623, or if the individual is a foster parent, and child care is needed for
19 that child, the child meets the requirement under s. 49.145 (2) (c).

20 **SECTION 1377f.** 49.155 (1m) (c) 1g. of the statutes is amended to read:

21 49.155 (1m) (c) 1g. If the individual is a foster parent of the child or a subsidized
22 guardian or interim caretaker of the child under s. ~~48.62 (5)~~ 48.623, the child’s
23 biological or adoptive family has a gross income that is at or below 200% of the
24 poverty line. In calculating the gross income of the child’s biological or adoptive

1 family, the department or county department or agency determining eligibility shall
2 include court-ordered child or family support payments received by the individual,
3 if those support payments exceed \$1,250 per month, and income described under s.
4 49.145 (3) (b) 1. and 3.”.

5 ***b0922/1.1*614.** Page 642, line 21: after that line insert:

6 “SECTION 1378g. 49.155 (4) of the statutes is renumbered 49.155 (4) (a).

7 SECTION 1378h. 49.155 (4) (b) of the statutes is created to read:

8 49.155 (4) (b) 1. Except as provided in subd. 2., no eligible individual may
9 benefit personally from any marketing or promotional offerings made by a child care
10 provider to attract clients or increase business.

11 2. Subdivision 1. does not apply to marketing or promotional offerings that
12 directly benefit an eligible individual’s child for whom the child care provider is
13 providing child care services.”.

14 ***b0923/1.1*615.** Page 642, line 21: after that line insert:

15 “SECTION 1378c. 49.155 (3m) (d) of the statutes is renumbered 49.155 (3m) (d)

16 1. and amended to read:

17 49.155 (3m) (d) 1. No funds distributed under par. (a) may be used for child care
18 services that are provided for a child by a child care provider who is the parent of the
19 child or who resides with the child, ~~unless the county determines that the care is~~
20 ~~necessary because of a special health condition of the child.~~

21 SECTION 1378d. 49.155 (3m) (d) 2., 3. and 4. of the statutes are created to read:

22 49.155 (3m) (d) 2. If a child’s parent is a child care provider, no funds
23 distributed under par. (a) may be used for child care services that are provided for
24 the child by another child care provider who is not the child’s parent.

1 3. Subdivision 1. or 2. does not apply if the child's parent has applied for, and
2 been granted, a waiver of the prohibition under subd. 1. or 2. by the county
3 department or agency or by the department.

4 4. The department shall by rule specify the circumstances, or standards for
5 determining the circumstances, under which the department will grant a waiver
6 under subd. 3.”.

7 ***b0954/P1.1*616.** Page 643, line 9: delete “The department” and substitute
8 “Beginning on July 1, 2012, the department”.

9 ***b0954/P1.2*617.** Page 643, line 12: delete “may” and substitute “shall”.

10 ***b0954/P1.3*618.** Page 643, line 16: delete “shall” and substitute “may”.

11 ***b0954/P1.4*619.** Page 643, line 17: after “pay” insert “up to”.

12 ***b0954/P1.5*620.** Page 643, line 21: after “percent” insert “, except that
13 beginning on January 1, 2013, the department may increase the maximum
14 reimbursement rate for such a child care provider by up to 25 percent”.

15 ***b0954/P1.6*621.** Page 644, line 1: delete the material beginning with
16 “providing” and ending with “individuals” on line 2 and substitute “receiving
17 payment”.

18 ***b0954/P1.7*622.** Page 644, line 2: after that line insert:

19 “SECTION 1382g. 49.155 (6) (e) 5. of the statutes is created to read:

20 49.155 (6) (e) 5. For purposes of modifying reimbursement rates under subd.
21 3., the department shall assign a child care provider that is accredited from the
22 Council on Accreditation a 4–star rating or 5–star rating, whichever the department
23 determines is appropriate.”.

1 ***b0941/1.1*623.** Page 644, line 4: delete “To reduce” and substitute “(a) To
2 reduce”.

3 ***b0941/1.2*624.** Page 644, line 6: delete “(a)” and substitute “1.”.

4 ***b0941/1.3*625.** Page 644, line 7: after “section” insert “, except that a
5 Wisconsin Works program participant may not be placed on any waiting list
6 implemented under this subdivision”.

7 ***b0941/1.4*626.** Page 644, line 8: delete “(b)” and substitute “2.”.

8 ***b0941/1.5*627.** Page 644, line 10: delete “(c)” and substitute “3.”.

9 ***b0941/1.6*628.** Page 644, line 12: delete “(d)” and substitute “4.”.

10 ***b0941/1.7*629.** Page 644, line 13: after that line insert:

11 “(b) If the department intends to take any of the actions under par. (a), the
12 department shall submit to the joint committee on finance a report that sets out its
13 plan for implementing the cost-saving measures.”.

14 ***b1053/2.40*630.** Page 644, line 14: delete lines 14 to 22.

15 ***b0955/1.3*631.** Page 644, line 22: after that line insert:

16 “SECTION 1384c. 49.159 (3) of the statutes is amended to read:

17 49.159 (3) OTHER CUSTODIAL PARENTS. A custodial parent in a Wisconsin works
18 Works group in which the other custodial parent is a participant in a Wisconsin
19 works Works employment position or is receiving case management services under
20 s. 49.147 (2) (am) is eligible for employment training and job search assistance
21 services provided by the Wisconsin works Works agency.”.

22 ***b0940/2.1*632.** Page 644, line 23: after “333” insert “and 2011 Wisconsin
23 Act (this act)”.

1 ***b0940/2.2*633.** Page 644, line 24: after that line insert:

2 “**SECTION 1385c.** 49.162 (3) (am) 5. of the statutes is created to read:

3 49.162 (3) (am) 5. Host sites for employing individuals or placing work crews
4 under this section must be businesses that are operated for profit, except that in the
5 case of a natural disaster for which the governor has declared a state of emergency
6 under s. 323.10, the department shall give a preference to any work crew placement
7 or host site involved in natural disaster recovery.”.

8 ***b1053/2.41*634.** Page 645, line 9: delete lines 9 to 11.

9 ***b1053/2.42*635.** Page 645, line 15: delete “(ed).”.

10 ***b0940/2.3*636.** Page 645, line 20: delete “\$78,787,800” and substitute
11 “\$74,650,100”.

12 ***b0940/2.4*637.** Page 645, line 21: delete “\$61,779,400” and substitute
13 “\$72,131,500”.

14 ***b0940/2.5*638.** Page 646, line 1: delete that line and substitute
15 “\$10,107,200 in fiscal year ~~2009-10~~ 2011-12 and ~~\$8,247,000~~ \$10,107,200 in fiscal
16 year”.

17 ***b0940/2.6*639.** Page 646, line 5: delete “\$54,846,300” and substitute
18 “\$47,229,300”.

19 ***b0940/2.7*640.** Page 646, line 6: delete “\$45,637,000” and substitute
20 “\$47,229,300”.

21 ***b0940/2.8*641.** Page 646, line 12: delete “\$12,322,400” and substitute
22 “\$12,918,900”.

23 ***b0940/2.9*642.** Page 646, line 17: after that line insert:

1 **"SECTION 1393L.** 49.175 (1) (L) of the statutes is created to read:

2 49.175 (1) (L) *Transitional jobs demonstration project.* For the transitional jobs
3 demonstration project under s. 49.162, \$12,000,000 in fiscal year 2011-12.".

4 ***b0940/2.10*643.** Page 646, line 20: delete "\$290,042,500" and substitute
5 "\$301,631,000".

6 ***b0940/2.11*644.** Page 646, line 21: delete "\$288,018,300" and substitute
7 "\$298,523,500".

8 ***b0940/2.12*645.** Page 647, line 1: delete that line and substitute
9 "\$19,702,100 in fiscal year ~~2009-10~~ 2011-12 and ~~\$8,889,700~~ \$19,783,800 in fiscal".

10 ***b1053/2.43*646.** Page 647, line 9: delete "~~49.775~~ 49.395" and substitute
11 "49.775".

12 ***b1053/2.44*647.** Page 648, line 1: delete the material beginning with that
13 line and ending with page 653, line 10, and substitute:

14 **"SECTION 1402m.** 49.197 (1m) of the statutes is amended to read:

15 49.197 (1m) FRAUD INVESTIGATION. From the appropriations under s. 20.437 (2)
16 (dz), (kx), (L), (mc), (md), (me), and (nL), the department shall establish a program
17 to investigate suspected fraudulent activity on the part of recipients of aid to families
18 with dependent children under s. 49.19, on the part of participants in the Wisconsin
19 Works program under ss. 49.141 to 49.161, and, if the department of health services
20 contracts with the department under sub. (5), on the part of recipients of medical
21 assistance under subch. IV, food stamp benefits under the food stamp program under
22 7 USC 2011 to 2036, supplemental security income payments under s. 49.77,
23 payments for the support of children of supplemental security income recipients
24 under s. 49.775, and health care benefits under the Badger Care health care program

1 under s. 49.665. The department's activities under this subsection may include, but
 2 are not limited to, comparisons of information provided to the department by an
 3 applicant and information provided by the applicant to other federal, state, and local
 4 agencies, development of an advisory welfare investigation prosecution standard,
 5 and provision of funds to county departments under ss. 46.215, 46.22, and 46.23 or
 6 multicounty consortia, as defined in s. 49.78 (1) (br), and to Wisconsin Works
 7 agencies to encourage activities to detect fraud. The department shall cooperate
 8 with district attorneys regarding fraud prosecutions.

9 **SECTION 1408m.** 49.197 (4) of the statutes is amended to read:

10 49.197 (4) COUNTY AND TRIBAL ERROR REDUCTION. If the department of health
 11 services contracts with the department under sub. (5), the department shall provide
 12 funds from the appropriation under s. 20.437 (2) (kx) to counties, multicounty
 13 consortia, as defined in s. 49.78 (1) (br), and governing bodies of federally recognized
 14 American Indian tribes administering Medical Assistance under subch. IV, the food
 15 stamp program under 7 USC 2011 to 2036, the supplemental security income
 16 payments program under s. 49.77, the program providing payments for the support
 17 of children of supplemental security income recipients under s. 49.775, and the
 18 Badger Care health care program under s. 49.665 to offset administrative costs of
 19 reducing payment errors in those programs.

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 20 ***b0924/2.1*648.** Page 650, line 1. delete lines 1 to 7 and substitute:

21 **SECTION 1405g.** 49.197 (2) of the statutes is repealed and recreated to read:

22 49.197 (2) INCENTIVE PROGRAM FOR LOCAL FRAUD DETECTION. (a) In this
 23 subsection:

24 1. "County department" means a county department under s. 46.22 or 46.23.

1 2. "Subsidy program" means the child care subsidy program under s. 49.155.

2 3. "Tribal governing body" means an elected governing body of a federally
3 recognized American Indian tribe.

4 (b) 1. Subject to subd. 2., the department shall by rule establish an incentive
5 program that, using moneys from the allocation under s. 49.175 (1) (p), rewards
6 county departments, Wisconsin Works agencies, and tribal governing bodies that
7 administer the subsidy program for identifying fraud in the subsidy program. The
8 rules shall specify that a county department, Wisconsin Works agency, or tribal
9 governing body shall receive, for identifying fraudulent activity under the subsidy
10 program on the part of a child care provider, an amount equal to the average monthly
11 subsidy payment per child during the prior fiscal year, multiplied by the number of
12 children participating in the subsidy program for whom the provider provides care,
13 multiplied by 1.5 months. A county department, Wisconsin Works agency, or tribal
14 governing body may use payments received under this subsection for any purpose for
15 which moneys under the Temporary Assistance for Needy Families block grant
16 program may be used under federal law.

17 2. No later than January 1, 2012, the department shall submit its plan for the
18 incentive program to the cochairpersons of the joint committee on finance for review
19 by the committee. If the cochairpersons of the committee do not notify the
20 department that the committee has scheduled a meeting for the purpose of reviewing
21 the proposed plan within 14 working days after the date of the department's
22 submittal, the department shall promulgate the rules for the incentive program in
23 accordance with its proposed plan. If, within 14 working days after the date of the
24 department's submittal, the cochairpersons of the committee notify the department
25 that the committee has scheduled a meeting for the purpose of reviewing the

1 proposed plan, the department may not promulgate the rules for the incentive
2 program unless the committee approves the proposed plan. If the committee
3 modifies and approves the proposed plan, the department may promulgate the rules
4 for the incentive program only as modified by the committee.”.

5 *b0901/1.6*649. Page 653, line 11: delete lines 11 to 15.

6 *b1053/2.45*650. Page 653, line 20: delete the material beginning with that
7 line and ending with page 657, line 23, and substitute:

8 “SECTION 1420m. 49.43 (2r) of the statutes is created to read:

9 49.43 (2r) “County,” “county department,” and “county department under s.
10 46.215, 46.22, or 46.23” includes a multicounty consortium in accordance with
11 contracts under s. 49.78 (2).

12 SECTION 1422m. 49.43 (8m) of the statutes is created to read:

13 49.43 (8m) “Multicounty consortium” has the meaning given in s. 49.78 (1)

14 (br). *[Handwritten scribble]*

15 ~~*b0861/1.1*651. Page 656, line 16 after that line insert:~~

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16 ~~“SECTION 1423L. 49.45 (2m) (f) of the statutes is created to read:~~

17 ~~49.45 (2m)~~ (f) Within 90 days after the effective date of this paragraph [LRB
18 inserts date], and every 90 days thereafter, the department shall submit to the joint
19 committee on finance a report that contains all of the following information:

20 1. An updated description of any Medical Assistance program changes
21 implemented by the department, including any amendments to the Medical
22 Assistance state plan.

23 2. An updated estimate of the projected savings associated with any changes
24 described under subd. 1.

Move to p 186, 25

1 3. An updated projection of the total Medical Assistance program benefit
2 expenditures during the fiscal biennium and an analysis of how these projected
3 expenditures compare to the funding provided in the 2011-13 biennial budget act.

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~~4 b0805/4.1-652. Page 656, line 16 after that line insert~~

5 SECTION 1423k. 49.45 (2m) of the statutes, as created by 2011 Wisconsin Act
6 10, is repealed and recreated to read:

7 49.45 (2m) AUTHORIZATION FOR MODIFICATIONS TO PROGRAMS; STUDY. (a) In this
8 subsection, "Medical Assistance program" includes any program operated under this
9 subchapter, demonstration program operated under 42 USC 1315, and program
10 operated under a waiver of federal law relating to medical assistance that is granted
11 by the federal department of health and human services.

12 (b) The department shall study potential changes to the Medical Assistance
13 state plan and to waivers of federal law relating to medical assistance obtained from
14 the federal department of health and human services for all of the following
15 purposes:

16 1. Increasing the cost effectiveness and efficiency of care and the care delivery
17 system for Medical Assistance programs.

18 2. Limiting switching from private health insurance to Medical Assistance
19 programs.

20 3. Ensuring the long-term viability and sustainability of Medical Assistance
21 programs.

22 4. Advancing the accuracy and reliability of eligibility for Medical Assistance
23 programs and claims determinations and payments.

1 5. Improving the health status of individuals who receive benefits under a
2 Medical Assistance program.

3 6. Aligning Medical Assistance program benefit recipient and service provider
4 incentives with health care outcomes.

5 7. Supporting responsibility and choice of medical assistance recipients.

6 (c) Subject to par. (d), if the department determines, as a result of the study
7 under par. (b), that revision of existing statutes or rules would be necessary to
8 advance a purpose described in par. (b) 1. to 7., the department may propose a policy
9 that makes any of the following changes related to Medical Assistance programs:

10 1. Requires cost sharing from program benefit recipients up to the maximum
11 allowed by federal law or a waiver of federal law.

12 2. Authorizes providers to deny care or services if a program benefit recipient
13 is unable to share costs, to the extent allowed by federal law or waiver.

14 3. Modifies existing benefits or establishes various benefit packages and offers
15 different packages to different groups of recipients.

16 4. Revises provider reimbursement models for particular services.

17 5. Mandates that program benefit recipients enroll in managed care.

18 6. Restricts or eliminates presumptive eligibility.

19 7. To the extent permitted by federal law, imposes restrictions on providing
20 benefits to individuals who are not citizens of the United States.

21 8. Sets standards for establishing and verifying eligibility requirements.

22 9. Develops standards and methodologies to assure accurate eligibility
23 determinations and redetermines continuing eligibility.

24 10. Reduces income levels for purposes of determining eligibility to the extent
25 allowed by federal law or waiver and subject to the limitations under par. (e) 2.

1 (d) Before implementing a policy proposed under par. (c) that conflicts with a
2 statute, and before submitting any amendment or waiver request under par. (e) that
3 is necessary to implement any such policy, the department shall submit to the joint
4 committee on finance the proposed amendment or waiver request and estimates of
5 the projected cost savings associated with that amendment or waiver request. If the
6 cochairpersons of the committee do not notify the department within 14 working
7 days after the date of the department's submittal that the committee has scheduled
8 a meeting for the purpose of reviewing the proposed amendment or waiver request,
9 the proposed amendment or waiver request may be submitted to the federal
10 department of health and human services. If, within 14 working days after the date
11 of the department's submittal, the cochairpersons of the committee notify the
12 department that the committee has scheduled a meeting for the purpose of reviewing
13 the proposed amendment or waiver request, the proposed amendment or waiver
14 requested may be submitted only on approval of the committee.

15 (e) 1. Subject to par. (d), the department shall submit an amendment to the
16 state Medical Assistance plan or request a waiver of federal laws related to medical
17 assistance, if necessary, to the extent necessary to implement any policy created
18 under par. (c). If the federal department of health and human services does not allow
19 the amendment or does not grant the waiver, the department may not implement the
20 policy.

21 2. The department shall request a waiver from the secretary of the federal
22 department of health and human services to permit the department to have in effect
23 eligibility standards, methodologies, and procedures under the state Medical
24 Assistance plan or waivers of federal laws related to medical assistance that are more
25 restrictive than those in place on March 23, 2010. If the waiver request does not

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1 receive federal approval before December 31, 2011, the department shall reduce
2 income levels on July 1, 2012, for the purposes of determining eligibility to 133
3 percent of the federal poverty line for adults who are not pregnant and not disabled,
4 to the extent permitted under 42 USC 1396a (gg), if the department follows the
5 procedures under 42 USC 1396a (gg) (3).

6 SECTION 1423m. 49.45 (2m) of the statutes, as affected by 2011 Wisconsin Act
7 (this act), is repealed.

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~~*b0865/4.2*653. Page 658, line 22: after that line insert:~~

9 SECTION 1424p. 49.45 (3) (n) of the statutes, as created by 2011 Wisconsin Act
10 10, is repealed and recreated to read:

11 49.45 (3) (n) This subsection does not apply if the department creates a policy
12 under sub. (2m) (c) 4., to the extent that the policy conflicts with this subsection.

13 SECTION 1424q. 49.45 (3) (n) of the statutes, as affected by 2011 Wisconsin Act
14 (this act), is repealed.”.

15 *b0865/4.3*654. Page 658, line 24: after that line insert:

16 “SECTION 1430d. 49.45 (6m) (n) of the statutes, as created by 2011 Wisconsin
17 Act 10, is repealed and recreated to read:

18 49.45 (6m) (n) This subsection does not apply if the department creates a policy
19 under sub. (2m) (c) 4., to the extent that the policy conflicts with this subsection.

20 SECTION 1430e. 49.45 (6m) (n) of the statutes, as affected by 2011 Wisconsin
21 Act (this act), is repealed.”.

22 *b0866/2.1*655. Page 658, line 24: after that line insert:

23 “SECTION 1430k. 49.45 (6m) (ar) 1. a. of the statutes is amended to read:

1 49.45 (6m) (ar) 1. a. The department shall establish standards for payment of
 2 allowable direct care costs under par. (am) 1. bm., for facilities that do not primarily
 3 serve the developmentally disabled, that take into account direct care costs for a
 4 sample of all of those facilities in this state and separate standards for payment of
 5 allowable direct care costs, for facilities that primarily serve the developmentally
 6 disabled, that take into account direct care costs for a sample of all of those facilities
 7 in this state. The standards shall be adjusted by the department for regional labor
 8 cost variations. The department shall treat as a single labor region the counties of
 9 Dane, Dodge, Iowa, Columbia, Sauk, and Rock and shall adjust payment so that the
 10 direct care cost targets of facilities in Dane, Iowa, Columbia, and Sauk counties are
 11 not reduced as a result of including facilities in Dodge and Rock County Counties in
 12 this labor region. For facilities in Douglas, Dunn, Pierce, and St. Croix counties, the
 13 department shall perform the adjustment by use of the wage index that is used by
 14 the federal department of health and human services for hospital reimbursement
 15 under 42 USC 1395 to 1395ggg.”

the material beginning with that line and ending with page 660, line 8

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16 ***b0863/1.1*656.** Page 659, line 15: delete that line and substituting:
 17 **“SECTION 1433d.** 49.45 (6x) (a) of the statutes is renumbered 49.45 (6x) (a)
 18 (intro.) and amended to read:

19 49.45 (6x) (a) (intro.) Notwithstanding sub. (3) (e), from the appropriation
 20 accounts under s. 20.435 (4) (b), (gm), (o), and (w), the department shall distribute
 21 ~~not more than \$4,748,000 in each fiscal year, to provide funds to an essential access~~
 22 ~~city hospital~~ all of the following, except that the department may not allocate funds
 23 to an ~~essential access city~~ a hospital to the extent that the allocation would exceed
 24 any limitation under 42 USC 1396b (i) (3):

1 SECTION 1433f. 49.45 (6x) (a) 1. to 3. of the statutes are created to read:

2 49.45 (6x) (a) 1. Not more than \$2,997,700 in fiscal year 2011-12 and not more
3 than \$2,988,700 in each fiscal year after fiscal year 2011-12 to an essential access
4 city hospital that has previously received the supplemental payment for being an
5 essential access city hospital.

6 2. Not more than \$999,200 in fiscal year 2011-12 and not more than \$996,200
7 in each fiscal year after fiscal year 2011-12 to a hospital that would qualify for an
8 essential access city hospital supplemental payment, under the criteria described in
9 the 2010-11 inpatient hospital state plan, except that the hospital did not meet the
10 criteria to be an essential access city hospital during fiscal year 1995-96.

11 3. If the federal department of health and human services allows the payment,
12 \$300,000 from the appropriation account under s. 20.435 (4) (b) annually to a
13 hospital that meets all of the following criteria:

14 a. The hospital is located in a city that has a municipal border that is also a state
15 border.

16 b. The hospital has a Medical Assistance recipient patient mix that consists of
17 at least 25 percent of residents from a state that borders this state.

18 c. The hospital is located in a city with a poverty level, as determined from the
19 2000 U.S. census, that is greater than 5 percent.

20 d. The hospital is located in a city with a population of less than 15,000 people.

21 ~~*b0865/4.4*657. Page 660, line 16: delete lines 16 to 21 and substitute~~

22 SECTION 1435y. 49.45 (8) (b) of the statutes, as affected by 2011 Wisconsin Act

23 10, is repealed and recreated to read:

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1 49.45 (8) (b) Unless otherwise provided by the department by a policy created
 2 under sub. (2m) (c), reimbursement under s. 20.435 (4) (b), (gm), (o), and (w) for home
 3 health services provided by a certified home health agency or independent nurse
 4 shall be made at the home health agency's or nurse's usual and customary fee per
 5 patient care visit, subject to a maximum allowable fee per patient care visit that is
 6 established under par. (c).

7 ~~*b0865/4.5*658. Page 660, line 21: after that line insert.~~

8 ~~SECTION 1436b.~~ 49.45 (8) (b) of the statutes, as affected by 2011 Wisconsin Act
 9 (this act), is amended to read:

10 49.45 (8) (b) ~~Unless otherwise provided by the department by a policy created~~
 11 ~~under sub. (2m) (c), reimbursement~~ Reimbursement under s. 20.435 (4) (b), (gm), (o),
 12 and (w) for home health services provided by a certified home health agency or
 13 independent nurse shall be made at the home health agency's or nurse's usual and
 14 customary fee per patient care visit, subject to a maximum allowable fee per patient
 15 care visit that is established under par. (c).

16 **SECTION 1436h.** 49.45 (8) (c) of the statutes, as affected by 2011 Wisconsin Act
 17 10, is repealed and recreated to read:

18 49.45 (8) (c) The department shall establish a maximum statewide allowable
 19 fee per patient care visit, for each type of visit with respect to provider, that may be
 20 no greater than the cost per patient care visit, as determined by the department from
 21 cost reports of home health agencies, adjusted for costs related to case management,
 22 care coordination, travel, record keeping and supervision, unless otherwise provided
 23 by the department by a policy created under sub. (2m) (c).

1 SECTION 1436i. 49.45 (8) (c) of the statutes, as affected by 2011 Wisconsin Act
2 (this act), is amended to read:

3 49.45 (8) (c) The department shall establish a maximum statewide allowable
4 fee per patient care visit, for each type of visit with respect to provider, that may be
5 no greater than the cost per patient care visit, as determined by the department from
6 cost reports of home health agencies, adjusted for costs related to case management,
7 care coordination, travel, record keeping and supervision, unless otherwise provided

8 by the department by a policy created under sub. (2m) (e)."

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~~*b0730/2.178*659. Page 660, line 22: delete lines 22 to 25.~~

*b0865/4.6*660. Page 660, line 22: delete the material beginning with that
line and ending with page 661, line 4, and substitute:

12 SECTION 1436y. 49.45 (8r) of the statutes, as affected by 2011 Wisconsin Act
13 10, is repealed and recreated to read:

14 49.45 (8r) PAYMENT FOR CERTAIN OBSTETRIC AND GYNECOLOGICAL CARE. Unless
15 otherwise provided by the department by a policy created under sub. (2m) (c), the rate
16 of payment for obstetric and gynecological care provided in primary care shortage
17 areas, as defined in s. 30.60 (1) (cm), or provided to recipients of medical assistance
18 who reside in primary care shortage areas, that is equal to 125% of the rates paid
19 under this section to primary care physicians in primary care shortage areas, shall
20 be paid to all certified primary care providers who provide obstetric or gynecological
21 care to those recipients."

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~~*b0730/2.178*661. Page 661, line 17: delete lines 17 to 21.~~

*b0859/2.1*662. Page 661, line 4: after that line insert:

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24 "SECTION 1437c. 49.45 (9p) of the statutes is created to read:

1 49.45 (9p) PRIOR AUTHORIZATION PROHIBITED FOR WHEELCHAIR REPAIRS. (a) In this
2 subsection, "recipient of medical assistance" means an individual who receives
3 medical assistance under any of the following:

- 4 1. A program operated under this subchapter.
- 5 2. A demonstration program operated under 42 USC 1315.
- 6 3. A program operated under a waiver of federal law relating to medical
7 assistance that is granted by the federal department of health and human services.

8 (b) The department may not require any person to obtain prior authorization
9 from the department for a repair to a wheelchair used by a recipient of medical
10 assistance that satisfies the following criteria:

- 11 1. If the repair is to a power wheelchair, the cost of the repair is less than \$300.
- 12 2. If the repair is to a manual wheelchair, the cost of the repair is less than \$150.
- 13 3. The cost of the repair is a covered benefit under the program of which the
14 individual is a recipient."



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15
16 "SECTION 1437b. 49.45 (8r) of the statutes, as affected by 2011 Wisconsin Act
17 (this act), is amended to read:

18 49.45 (8r) PAYMENT FOR CERTAIN OBSTETRIC AND GYNECOLOGICAL CARE. Unless
19 otherwise provided by the department by a policy created under sub. (2m) (c), the The
20 rate of payment for obstetric and gynecological care provided in primary care
21 shortage areas, as defined in s. ^{6e}30.60 (1) (cm), or provided to recipients of medical
22 assistance who reside in primary care shortage areas, that is equal to 125% of the
23 rates paid under this section to primary care physicians in primary care shortage

1 areas, shall be paid to all certified primary care providers who provide obstetric or
2 gynecological care to those recipients.

3 **SECTION 1437e.** 49.45 (8v) of the statutes, as affected by 2011 Wisconsin Act
4 10, is repealed and recreated to read:

5 49.45 (8v) INCENTIVE-BASED PHARMACY PAYMENT SYSTEM. The department shall
6 establish a system of payment to pharmacies for legend and over-the-counter drugs
7 provided to recipients of medical assistance that has financial incentives for
8 pharmacists who perform services that result in savings to the medical assistance
9 program. Under this system, the department shall establish a schedule of fees that
10 is designed to ensure that any incentive payments made are equal to or less than the
11 documented savings unless otherwise provided by the department by a policy
12 created under sub. (2m) (c). The department may discontinue the system established
13 under this subsection if the department determines, after performance of a study,
14 that payments to pharmacists under the system exceed the documented savings
15 under the system.

16 **SECTION 1437f.** 49.45 (8v) of the statutes, as affected by 2011 Wisconsin Act
17 (this act), is amended to read:

18 49.45 (8v) INCENTIVE-BASED PHARMACY PAYMENT SYSTEM. The department shall
19 establish a system of payment to pharmacies for legend and over-the-counter drugs
20 provided to recipients of medical assistance that has financial incentives for
21 pharmacists who perform services that result in savings to the medical assistance
22 program. Under this system, the department shall establish a schedule of fees that
23 is designed to ensure that any incentive payments made are equal to or less than the
24 documented savings ~~unless otherwise provided by the department by a policy~~
25 ~~created under sub. (2m) (c).~~ The department may discontinue the system established

1 under this subsection if the department determines, after performance of a study,
2 that payments to pharmacists under the system exceed the documented savings
3 under the system.

4 **SECTION 1437j.** 49.45 (18) (ac) of the statutes, as affected by 2011 Wisconsin
5 Act 10, is repealed and recreated to read:

6 49.45 (18) (ac) Except as provided in pars. (am) to (d), and subject to par. (ag),
7 any person eligible for medical assistance under s. 49.46, 49.468, or 49.47, or for the
8 benefits under s. 49.46 (2) (a) and (b) under s. 49.471 shall pay up to the maximum
9 amounts allowable under 42 CFR 447.53 to 447.58 for purchases of services provided
10 under s. 49.46 (2). The service provider shall collect the specified or allowable
11 copayment, coinsurance, or deductible, unless the service provider determines that
12 the cost of collecting the copayment, coinsurance, or deductible exceeds the amount
13 to be collected. The department shall reduce payments to each provider by the
14 amount of the specified or allowable copayment, coinsurance, or deductible. Unless
15 otherwise provided by the department by a policy created under sub. (2m) (c), no
16 provider may deny care or services because the recipient is unable to share costs, but
17 an inability to share costs specified in this subsection does not relieve the recipient
18 of liability for these costs.

19 **SECTION 1437k.** 49.45 (18) (ac) of the statutes, as affected by 2011 Wisconsin
20 Act (this act), is amended to read:

21 49.45 (18) (ac) Except as provided in pars. (am) to (d), and subject to par. (ag),
22 any person eligible for medical assistance under s. 49.46, 49.468, or 49.47, or for the
23 benefits under s. 49.46 (2) (a) and (b) under s. 49.471 shall pay up to the maximum
24 amounts allowable under 42 CFR 447.53 to 447.58 for purchases of services provided
25 under s. 49.46 (2). The service provider shall collect the specified or allowable

1 copayment, coinsurance, or deductible, unless the service provider determines that
2 the cost of collecting the copayment, coinsurance, or deductible exceeds the amount
3 to be collected. The department shall reduce payments to each provider by the
4 amount of the specified or allowable copayment, coinsurance, or deductible. ~~Unless~~
5 ~~otherwise provided by the department by a policy created under sub. (2m) (e), no~~ No
6 provider may deny care or services because the recipient is unable to share costs, but
7 an inability to share costs specified in this subsection does not relieve the recipient
8 of liability for these costs.

9 **SECTION 1437n.** 49.45 (18) (ag) (intro.) of the statutes, as affected by 2011
10 Wisconsin Act 10, is repealed and recreated to read:

11 49.45 (18) (ag) (intro.) Except as provided in pars. (am), (b), and (c), and subject
12 to par. (d), a recipient specified in par. (ac) shall pay all of the following, unless
13 otherwise provided by the department by a policy created under sub. (2m) (c):

14 **SECTION 1437o.** 49.45 (18) (ag) (intro.) of the statutes, as affected by 2011
15 Wisconsin Act (this act), is amended to read:

16 49.45 (18) (ag) (intro.) Except as provided in pars. (am), (b), and (c), and subject
17 to par. (d), a recipient specified in par. (ac) shall pay all of the following, ~~unless~~
18 ~~otherwise provided by the department by a policy created under sub. (2m) (e):~~

19 **SECTION 1437q.** 49.45 (18) (b) (intro.) of the statutes, as affected by 2011
20 Wisconsin Act 10, is repealed and recreated to read:

21 49.45 (18) (b) (intro.) Unless otherwise provided by the department by a policy
22 created under sub. (2m) (c), the following services are not subject to recipient cost
23 sharing under this subsection:

24 **SECTION 1437r.** 49.45 (18) (b) (intro.) of the statutes, as affected by 2011
25 Wisconsin Act (this act), is amended to read:

1 49.45 (18) (b) (intro.) ~~Unless otherwise provided by the department by a policy~~
2 ~~created under sub. (2m) (e), the~~ The following services are not subject to recipient cost
3 sharing under this subsection:

4 **SECTION 1437t.** 49.45 (18) (d) of the statutes, as affected by 2011 Wisconsin Act
5 10, is repealed and recreated to read:

6 49.45 (18) (d) No person who designates a pharmacy or pharmacist as his or
7 her sole provider of prescription drugs and who so uses that pharmacy or pharmacist
8 is liable under this subsection for more than \$12 per month for prescription drugs
9 received, unless otherwise provided by the department by a policy created under sub.
10 (2m) (c).

11 **SECTION 1437u.** 49.45 (18) (d) of the statutes, as affected by 2011 Wisconsin Act
12 ... (this act), is amended to read:

13 49.45 (18) (d) No person who designates a pharmacy or pharmacist as his or
14 her sole provider of prescription drugs and who so uses that pharmacy or pharmacist
15 is liable under this subsection for more than \$12 per month for prescription drugs
16 received, unless otherwise provided by the department by a policy created under sub.

17 (2m) (e). ~~_____~~

18 ~~*b1053/2.46*664. Page 661, line 5: delete lines 5 to 8.~~

19 ~~*b0865/4.8*665. Page 661, line 8: after that line insert:~~

20 **SECTION 1438d.** 49.45 (23) (a) of the statutes, as affected by 2011 Wisconsin
21 Act 10, is repealed and recreated to read:

22 49.45 (23) (a) The department shall request a waiver from the secretary of the
23 federal department of health and human services to permit the department to
24 conduct a demonstration project to provide health care coverage for basic primary

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1 and preventive care to adults who are under the age of 65, who have family incomes
2 not to exceed 200 percent of the poverty line, and who are not otherwise eligible for
3 medical assistance under this subchapter, the Badger Care health care program
4 under s. 49.665, or Medicare under 42 USC 1395 et seq. If the department creates
5 a policy under sub. (2m) (c) 10., this paragraph does not apply to the extent that it
6 conflicts with the policy.

7 **SECTION 1438e.** 49.45 (23) (a) of the statutes, as affected by 2011 Wisconsin Act
8 (this act), is amended to read:

9 49.45 (23) (a) The department shall request a waiver from the secretary of the
10 federal department of health and human services to permit the department to
11 conduct a demonstration project to provide health care coverage for basic primary
12 and preventive care to adults who are under the age of 65, who have family incomes
13 not to exceed 200 percent of the poverty line, and who are not otherwise eligible for
14 medical assistance under this subchapter, the Badger Care health care program
15 under s. 49.665, or Medicare under 42 USC 1395 et seq. ~~If the department creates
16 a policy under sub. (2m) (c) 10., this paragraph does not apply to the extent that it
17 conflicts with the policy.~~

18 **SECTION 1438h.** 49.45 (23) (b) of the statutes, as affected by 2011 Wisconsin Act
19 10, is repealed and recreated to read:

20 49.45 (23) (b) If the waiver is granted and in effect, the department may
21 promulgate rules defining the health care benefit plan, including more specific
22 eligibility requirements and cost-sharing requirements. Unless otherwise provided
23 by the department by a policy created under sub. (2m) (c), cost sharing may include
24 an annual enrollment fee, which may not exceed \$75 per year. Notwithstanding s.
25 227.24 (3), the plan details under this subsection may be promulgated as an

1 emergency rule under s. 227.24 without a finding of emergency. If the waiver is
2 granted and in effect, the demonstration project under this subsection shall begin on
3 January 1, 2009, or on the effective date of the waiver, whichever is later.

4 **SECTION 1438i.** 49.45 (23) (b) of the statutes, as affected by 2011 Wisconsin Act
5 (this act), is amended to read:

6 49.45 (23) (b) If the waiver is granted and in effect, the department may
7 promulgate rules defining the health care benefit plan, including more specific
8 eligibility requirements and cost-sharing requirements. ~~Unless otherwise provided~~
9 ~~by the department by a policy created under sub. (2m) (c), cost~~ Cost sharing may
10 include an annual enrollment fee, which may not exceed \$75 per year.
11 Notwithstanding s. 227.24 (3), the plan details under this subsection may be
12 promulgated as an emergency rule under s. 227.24 without a finding of emergency.
13 If the waiver is granted and in effect, the demonstration project under this subsection
14 shall begin on January 1, 2009, or on the effective date of the waiver, whichever is
15 later.

16 **SECTION 1438L.** 49.45 (24g) (c) of the statutes, as affected by 2011 Wisconsin
17 Act 10, is repealed and recreated to read:

18 49.45 (24g) (c) The department's proposal under par. (a) shall specify increases
19 in reimbursement rates for providers that satisfy the conditions under par. (a) 1. or
20 2., and shall provide for payment of a monthly per-patient care coordination fee to
21 those providers. The department shall set the increases in reimbursement rates and
22 the monthly per-patient care coordination fee so that together they provide
23 sufficient incentive for providers to satisfy a condition under par. (a) 1. or 2. The
24 proposal shall specify effective dates for the increases in reimbursement rates and
25 the monthly per-patient care coordination fee that are no sooner than July 1, 2011.

1 If the department creates a policy under sub. (2m) (c) 4., this paragraph does not
2 apply to the extent that it conflicts with the policy.

3 **SECTION 1438m.** 49.45 (24g) (c) of the statutes, as affected by 2011 Wisconsin
4 Act (this act), is amended to read:

5 49.45 (24g) (c) The department's proposal under par. (a) shall specify increases
6 in reimbursement rates for providers that satisfy the conditions under par. (a) 1. or
7 2., and shall provide for payment of a monthly per-patient care coordination fee to
8 those providers. The department shall set the increases in reimbursement rates and
9 the monthly per-patient care coordination fee so that together they provide
10 sufficient incentive for providers to satisfy a condition under par. (a) 1. or 2. The
11 proposal shall specify effective dates for the increases in reimbursement rates and
12 the monthly per-patient care coordination fee that are no sooner than July 1, 2011.
13 ~~If the department creates a policy under sub. (2m) (c) 4., this paragraph does not~~
14 ~~apply to the extent that it conflicts with the policy."~~

15 ***b0865/4.9*666.** Page 661, line 14: after that line insert:

16 "SECTION 1439w. 49.45 (24r) (a) of the statutes is amended to read:

17 49.45 (24r) (a) The department shall implement any waiver granted by the
18 secretary of the federal department of health and human services to permit the
19 department to conduct a demonstration project to provide family planning, as
20 defined in s. 253.07 (1) (a), under medical assistance to any woman between the ages
21 of 15 and 44 whose family income does not exceed 200% of the poverty line for a family
22 the size of the woman's family. If the department creates a policy under sub. (2m)
23 (c) 10., this paragraph does not apply to the extent that it conflicts with the policy.

24 **SECTION 1439x.** 49.45 (24r) (b) of the statutes is amended to read:

1 49.45 (24r) (b) The department may request an amended waiver from the
 2 secretary to permit the department to conduct a demonstration project to provide
 3 family planning to any man between the ages of 15 and 44 whose family income does
 4 not exceed 200 percent of the poverty line for a family the size of the man's family.
 5 If the amended waiver is granted, the department may implement the waiver. If the
 6 department creates a policy under sub. (2m) (c) 10., this paragraph does not apply
 7 to the extent that it conflicts with the policy."

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8 ~~*b0844/2.1*667. Page 661, line 15: delete lines 15 and 16 and substitute:
 9 "SECTION 1440b. 49.45 (24r) of the statutes is repealed."~~

10 ~~*b0865/4.10*668. Page 661, line 15: delete lines 15 and 16 and substitute:
 11 "SECTION 1440b. 49.45 (24r) of the statutes, as affected by 2011 Wisconsin Act
 12 (this act), is repealed."~~

13 ~~*b0844/2.2*669. Page 661, line 16: after that line insert:~~

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8-14*

14 ~~"SECTION 1441b. 49.45 (24s) of the statutes is created to read:
 15 49.45 (24s) FAMILY PLANNING PROJECT. (a) The department shall request a
 16 waiver from the secretary of the federal department of health and human services
 17 to permit the department to provide optional services for family planning, as defined
 18 in s. 253.07 (1) (a), under medical assistance to any female between the ages of 15
 19 and 44 whose family income does not exceed 200 percent of the poverty line for a
 20 family the size of the female's family. The department shall implement any waiver
 21 granted.~~

22 (b) The department shall request a waiver, or an amendment to the waiver
 23 requested under par. (a), from the secretary of the federal department of health and
 24 human services to require all of the following:

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1. As a condition of receiving services under par. (a), parental notification for family planning services for any female under 18 years of age.

2. The department to determine eligibility to receive family planning services under par. (a) for a female under 18 years of age using the family income of the female's parent or guardian instead of only the female's income."

***b0865/4.11*670.** Page 661, line 16: after that line insert:

"SECTION 1441bf. 49.45 (24s) (a) of the statutes is created to read:

49.45 (24s) (a) The department shall request a waiver from the secretary of the federal department of health and human services to permit the department to provide optional services for family planning, as defined in s. 253.07 (1) (a), under medical assistance to any female between the ages of 15 and 44 whose family income does not exceed 200 percent of the poverty line for a family the size of the female's family, unless otherwise provided by the department by a policy created under sub. (2m) (c) 10. The department shall implement any waiver granted.

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SECTION 1441bg. 49.45 (24s) (a) of the statutes, as created by 2011 Wisconsin Act (this act), is amended to read:

49.45 (24s) (a) The department shall request a waiver from the secretary of the federal department of health and human services to permit the department to provide optional services for family planning, as defined in s. 253.07 (1) (a), under medical assistance to any female between the ages of 15 and 44 whose family income does not exceed 200 percent of the poverty line for a family the size of the female's family, ~~unless otherwise provided by the department by a policy created under sub. (2m) (c) 10.~~ The department shall implement any waiver granted."

***b0865/4.12*671.** Page 661, line 16: after that line insert:

1 **“SECTION 1441c.** 49.45 (25g) (c) of the statutes, as affected by 2011 Wisconsin
2 Act 10, is repealed and recreated to read:

3 **49.45 (25g) (c)** The department’s proposal under par. (b) shall specify increases
4 in reimbursement rates for providers that satisfy the conditions under par. (b), and
5 shall provide for payment of a monthly per-patient care coordination fee to those
6 providers. The department shall set the increases in reimbursement rates and the
7 monthly per-patient care coordination fee so that together they provide sufficient
8 incentive for providers to satisfy a condition under par. (b) 1. or 2. The proposal shall
9 specify effective dates for the increases in reimbursement rates and the monthly
10 per-patient care coordination fee that are no sooner than January 1, 2011. The
11 increases in reimbursement rates and monthly per-patient care coordination fees
12 that are not provided by the federal government shall be paid from the appropriation
13 under s. 20.435 (1) (am). If the department creates a policy under sub. (2m) (c) 4.,
14 this paragraph does not apply to the extent it conflicts with the policy.

15 **SECTION 1441d.** 49.45 (25g) (c) of the statutes, as affected by 2011 Wisconsin
16 Act ... (this act), is amended to read:

17 **49.45 (25g) (c)** The department’s proposal under par. (b) shall specify increases
18 in reimbursement rates for providers that satisfy the conditions under par. (b), and
19 shall provide for payment of a monthly per-patient care coordination fee to those
20 providers. The department shall set the increases in reimbursement rates and the
21 monthly per-patient care coordination fee so that together they provide sufficient
22 incentive for providers to satisfy a condition under par. (b) 1. or 2. The proposal shall
23 specify effective dates for the increases in reimbursement rates and the monthly
24 per-patient care coordination fee that are no sooner than January 1, 2011. The
25 increases in reimbursement rates and monthly per-patient care coordination fees

1 that are not provided by the federal government shall be paid from the appropriation
2 under. s. 20.435 (1) (am). ~~If the department creates a policy under sub. (2m) (c) 4.,~~
3 ~~this paragraph does not apply to the extent it conflicts with the policy.~~

4 **SECTION 1441f.** 49.45 (27) of the statutes, as affected by 2011 Wisconsin Act 10,
5 is repealed and recreated to read:

6 49.45 (27) ELIGIBILITY OF ALIENS. A person who is not a U.S. citizen or an alien
7 lawfully admitted for permanent residence or otherwise permanently residing in the
8 United States under color of law may not receive medical assistance benefits except
9 as provided under 8 USC 1255a (h) (3) or 42 USC 1396b (v), unless otherwise
10 provided by the department by a policy created under sub. (2m) (c).

11 **SECTION 1441g.** 49.45 (27) of the statutes, as affected by 2011 Wisconsin Act
12 (this act), is amended to read:

13 49.45 (27) ELIGIBILITY OF ALIENS. A person who is not a U.S. citizen or an alien
14 lawfully admitted for permanent residence or otherwise permanently residing in the
15 United States under color of law may not receive medical assistance benefits except
16 as provided under 8 USC 1255a (h) (3) or 42 USC 1396b (v), ~~unless otherwise~~
17 ~~provided by the department by a policy created under sub. (2m) (c).~~”.

18 ***b1053/2.47*672.** Page 661, line 17: delete lines 17 to 22.

19 ***b0865/4.13*673.** Page 661, line 22: after that line insert:

20 **“SECTION 1442g.** 49.45 (39) (b) 1. of the statutes, as affected by 2011 Wisconsin
21 Act 10, is repealed and recreated to read:

22 49.45 (39) (b) 1. ‘Payment for school medical services.’ If a school district or a
23 cooperative educational service agency elects to provide school medical services and
24 meets all requirements under par. (c), the department shall reimburse the school

1 district or the cooperative educational service agency for 60% of the federal share of
2 allowable charges for the school medical services that it provides, unless otherwise
3 provided by the department by a policy created under sub. (2m) (c), and, as specified
4 in subd. 2., for allowable administrative costs. If the Wisconsin Center for the Blind
5 and Visually Impaired or the Wisconsin Educational Services Program for the Deaf
6 and Hard of Hearing elects to provide school medical services and meets all
7 requirements under par. (c), the department shall reimburse the department of
8 public instruction for 60% of the federal share of allowable charges for the school
9 medical services that the Wisconsin Center for the Blind and Visually Impaired or
10 the Wisconsin Educational Services Program for the Deaf and Hard of Hearing
11 provides, unless otherwise provided by the department by a policy created under sub.
12 (2m) (c), and, as specified in subd. 2., for allowable administrative costs. A school
13 district, cooperative educational service agency, the Wisconsin Center for the Blind
14 and Visually Impaired or the Wisconsin Educational Services Program for the Deaf
15 and Hard of Hearing may submit, and the department shall allow, claims for common
16 carrier transportation costs as a school medical service unless the department
17 receives notice from the federal health care financing administration that, under a
18 change in federal policy, the claims are not allowed. If the department receives the
19 notice, a school district, cooperative educational service agency, the Wisconsin
20 Center for the Blind and Visually Impaired, or the Wisconsin Educational Services
21 Program for the Deaf and Hard of Hearing may submit, and the department shall
22 allow, unreimbursed claims for common carrier transportation costs incurred before
23 the date of the change in federal policy. The department shall promulgate rules
24 establishing a methodology for making reimbursements under this paragraph. All
25 other expenses for the school medical services provided by a school district or a

1 cooperative educational service agency shall be paid for by the school district or the
2 cooperative educational service agency with funds received from state or local taxes.
3 The school district, the Wisconsin Center for the Blind and Visually Impaired, the
4 Wisconsin Educational Services Program for the Deaf and Hard of Hearing, or the
5 cooperative educational service agency shall comply with all requirements of the
6 federal department of health and human services for receiving federal financial
7 participation.

8 **SECTION 1442h.** 49.45 (39) (b) 1. of the statutes, as affected by 2011 Wisconsin
9 Act (this act), is amended to read:

10 49.45 **(39)** (b) 1. 'Payment for school medical services.' If a school district or a
11 cooperative educational service agency elects to provide school medical services and
12 meets all requirements under par. (c), the department shall reimburse the school
13 district or the cooperative educational service agency for 60% of the federal share of
14 allowable charges for the school medical services that it provides, ~~unless otherwise~~
15 ~~provided by the department by a policy created under sub. (2m) (c), and, as specified~~
16 in subd. 2., for allowable administrative costs. If the Wisconsin Center for the Blind
17 and Visually Impaired or the Wisconsin Educational Services Program for the Deaf
18 and Hard of Hearing elects to provide school medical services and meets all
19 requirements under par. (c), the department shall reimburse the department of
20 public instruction for 60% of the federal share of allowable charges for the school
21 medical services that the Wisconsin Center for the Blind and Visually Impaired or
22 the Wisconsin Educational Services Program for the Deaf and Hard of Hearing
23 provides, ~~unless otherwise provided by the department by a policy created under sub.~~
24 ~~(2m) (c), and, as specified in subd. 2., for allowable administrative costs.~~ A school
25 district, cooperative educational service agency, the Wisconsin Center for the Blind

1 and Visually Impaired or the Wisconsin Educational Services Program for the Deaf
2 and Hard of Hearing may submit, and the department shall allow, claims for common
3 carrier transportation costs as a school medical service unless the department
4 receives notice from the federal health care financing administration that, under a
5 change in federal policy, the claims are not allowed. If the department receives the
6 notice, a school district, cooperative educational service agency, the Wisconsin
7 Center for the Blind and Visually Impaired, or the Wisconsin Educational Services
8 Program for the Deaf and Hard of Hearing may submit, and the department shall
9 allow, unreimbursed claims for common carrier transportation costs incurred before
10 the date of the change in federal policy. The department shall promulgate rules
11 establishing a methodology for making reimbursements under this paragraph. All
12 other expenses for the school medical services provided by a school district or a
13 cooperative educational service agency shall be paid for by the school district or the
14 cooperative educational service agency with funds received from state or local taxes.
15 The school district, the Wisconsin Center for the Blind and Visually Impaired, the
16 Wisconsin Educational Services Program for the Deaf and Hard of Hearing, or the
17 cooperative educational service agency shall comply with all requirements of the
18 federal department of health and human services for receiving federal financial
19 participation.”.

20 ***b1053/2.48*674.** Page 664, line 11: delete lines 11 to 25.

21 ***b0865/4.14*675.** Page 664, line 25: after that line insert:

22 **“SECTION 1453e.** 49.46 (1) (n) of the statutes, as created by 2011 Wisconsin Act
23 10, is repealed and recreated to read:

1 49.46 (1) (n) If the department creates a policy under s. 49.45 (2m) (c) 8., 9., or
2 10., this subsection does not apply to the extent that it conflicts with the policy.

3 **SECTION 1453f.** 49.46 (1) (n) of the statutes, as created by 2011 Wisconsin Act
4 (this act), is repealed.

5 **SECTION 1453h.** 49.46 (2) (a) (intro.) of the statutes, as affected by 2011
6 Wisconsin Act 10, is repealed and recreated to read:

7 49.46 (2) (a) (intro.) Except as provided in par. (be) and unless otherwise
8 provided by the department by a policy created under s. 49.45 (2m) (c), the
9 department shall audit and pay allowable charges to certified providers for medical
10 assistance on behalf of recipients for the following federally mandated benefits:

11 **SECTION 1453i.** 49.46 (2) (a) (intro.) of the statutes, as affected by 2011
12 Wisconsin Act (this act), is amended to read:

13 49.46 (2) (a) (intro.) Except as provided in par. (be) ~~and unless otherwise~~
14 ~~provided by the department by a policy created under s. 49.45 (2m) (c),~~ the
15 department shall audit and pay allowable charges to certified providers for medical
16 assistance on behalf of recipients for the following federally mandated benefits:

17 **SECTION 1453k.** 49.46 (2) (b) (intro.) of the statutes, as affected by 2011
18 Wisconsin Act 10, is repealed and recreated to read:

19 49.46 (2) (b) (intro.) Except as provided in pars. (be) and (dc) and unless
20 otherwise provided by the department by a policy created under s. 49.45 (2m) (c), the
21 department shall audit and pay allowable charges to certified providers for medical
22 assistance on behalf of recipients for the following services:

23 **SECTION 1453L.** 49.46 (2) (b) (intro.) of the statutes, as affected by 2011
24 Wisconsin Act (this act), is amended to read:

1 49.46 (2) (b) (intro.) Except as provided in pars. (be) and (dc) ~~and unless~~
2 ~~otherwise provided by the department by a policy created under s. 49.45 (2m) (c),~~ the
3 department shall audit and pay allowable charges to certified providers for medical
4 assistance on behalf of recipients for the following services:

5 **SECTION 1453o.** 49.465 (2) (intro.) of the statutes, as affected by 2011 Wisconsin
6 Act 10, is repealed and recreated to read:

7 49.465 (2) (intro.) Unless otherwise provided by the department by a policy
8 created under s. 49.45 (2m) (c), a pregnant woman is eligible for medical assistance
9 benefits, as provided under sub. (3), during the period beginning on the day on which
10 a qualified provider determines, on the basis of preliminary information, that the
11 woman's family income does not exceed the highest level for eligibility for benefits
12 under s. 49.46 (1) or 49.47 (4) (am) or (c) 1. and ending as follows:

13 **SECTION 1453p.** 49.465 (2) (intro.) of the statutes, as affected by 2011
14 Wisconsin Act (this act), is amended to read:

15 49.465 (2) (intro.) ~~Unless otherwise provided by the department by a policy~~
16 ~~created under s. 49.45 (2m) (c), a~~ A pregnant woman is eligible for medical assistance
17 benefits, as provided under sub. (3), during the period beginning on the day on which
18 a qualified provider determines, on the basis of preliminary information, that the
19 woman's family income does not exceed the highest level for eligibility for benefits
20 under s. 49.46 (1) or 49.47 (4) (am) or (c) 1. and ending as follows:".

21 ***b0857/P1.1*676.** Page 665, line 1: before that line insert:

22 "SECTION 1453c. 49.46 (2) (c) 2. of the statutes is amended to read:

23 49.46 (2) (c) 2. For an individual who is entitled to coverage under part Part
24 A of medicare Medicare, entitled to coverage under part Part B of medicare Medicare,

1 meets the eligibility criteria under sub. (1), and meets the limitation on income under
2 subd. 6., ~~medical assistance~~ Medical Assistance shall include payment of the
3 deductible and coinsurance portions of ~~medicare~~ Medicare services under 42 USC
4 1395 to 1395zz ~~which that~~ are not paid under 42 USC 1395 to 1395zz, including those
5 ~~medicare~~ Medicare services that are not included in the approved state plan for
6 services under 42 USC 1396; the monthly premiums payable under 42 USC 1395v;
7 the monthly premiums, if applicable, under 42 USC 1395i-2 (d); and the late
8 enrollment penalty, if applicable, for premiums under ~~part~~ Part A of ~~medicare~~
9 Medicare. Payment of coinsurance for a service under ~~part~~ Part B of ~~medicare~~
10 Medicare under 42 USC 1395j to 1395w, ~~other than payment of coinsurance for~~
11 ~~outpatient hospital services, and payment of deductibles and coinsurance for~~
12 inpatient hospital services under Part A of Medicare may not exceed the allowable
13 charge for the service under ~~medical assistance~~ Medical Assistance minus the
14 ~~medicare~~ Medicare payment.

15 **SECTION 1453d.** 49.46 (2) (c) 3. of the statutes is amended to read:

16 49.46 (2) (c) 3. For an individual who is only entitled to coverage under ~~part~~
17 Part A of ~~medicare~~ Medicare, meets the eligibility criteria under sub. (1), and meets
18 the limitation on income under subd. 6., ~~medical assistance~~ Medical Assistance shall
19 include payment of the deductible and coinsurance portions of ~~medicare~~ Medicare
20 services under 42 USC 1395 to 1395i ~~which that~~ are not paid under 42 USC 1395 to
21 1395i, including those ~~medicare~~ Medicare services that are not included in the
22 approved state plan for services under 42 USC 1396; the monthly premiums, if
23 applicable, under 42 USC 1395i-2 (d); and the late enrollment penalty, if applicable,
24 for premiums under ~~part~~ Part A of ~~medicare~~ Medicare. Payment of deductibles and
25 coinsurance for inpatient hospital services under Part A of Medicare may not exceed

1 the allowable charge for the service under Medical Assistance minus the Medicare
2 payment.

3 **SECTION 1453e.** 49.46 (2) (c) 4. of the statutes is amended to read:

4 49.46 (2) (c) 4. For an individual who is entitled to coverage under ~~part~~ Part
5 A of medicare Medicare, entitled to coverage under ~~part~~ Part B of medicare Medicare,
6 and meets the eligibility criteria for ~~medical assistance~~ Medical Assistance under
7 sub. (1), but does not meet the limitation on income under subd. 6., ~~medical~~
8 ~~assistance~~ Medical Assistance shall include payment of the deductible and
9 coinsurance portions of ~~medicare~~ Medicare services under 42 USC 1395 to 1395zz
10 ~~which that~~ are not paid under 42 USC 1395 to 1395zz, including those ~~medicare~~
11 Medicare services that are not included in the approved state plan for services under
12 42 USC 1396. Payment of coinsurance for a service under ~~part~~ Part B of medicare
13 Medicare under 42 USC 1395j to 1395w, ~~other than payment of coinsurance for~~
14 ~~outpatient hospital services, and payment of deductibles and coinsurance for~~
15 inpatient hospital services under Part A of Medicare may not exceed the allowable
16 charge for the service under ~~medical assistance~~ Medical Assistance minus the
17 ~~medicare~~ Medicare payment.

18 **SECTION 1453f.** 49.46 (2) (c) 5. of the statutes is amended to read:

19 49.46 (2) (c) 5. For an individual who is only entitled to coverage under ~~part~~
20 Part A of medicare Medicare and meets the eligibility criteria for ~~medical assistance~~
21 Medical Assistance under sub. (1), but does not meet the limitation on income under
22 subd. 6., ~~medical assistance~~ Medical Assistance shall include payment of the
23 deductible and coinsurance portions of ~~medicare~~ Medicare services under 42 USC
24 1395 to 1395i ~~which that~~ are not paid under 42 USC 1395 to 1395i, including those
25 ~~medicare~~ Medicare services that are not included in the approved state plan for

1 services under 42 USC 1396. Payment of deductibles and coinsurance for inpatient
2 hospital services under Part A of Medicare may not exceed the allowable charge for
3 the service under Medical Assistance minus the Medicare payment.

4 SECTION 1453g. 49.46 (2) (c) 5m. of the statutes is amended to read:

5 49.46 (2) (c) 5m. For an individual who is only entitled to coverage under part
6 Part B of medicare Medicare and meets the eligibility criteria under sub. (1), but does
7 not meet the limitation on income under subd. 6., ~~medical assistance~~ Medical
8 Assistance shall include payment of the deductible and coinsurance portions of
9 ~~medicare~~ Medicare services under 42 USC 1395j to 1395w, including those ~~medicare~~
10 Medicare services that are not included in the approved state plan for services under
11 42 USC 1396. Payment of coinsurance for a service under part Part B of medicare,
12 ~~other than payment of coinsurance for outpatient hospital services,~~ Medicare may
13 not exceed the allowable charge for the service under ~~medical assistance~~ Medical
14 Assistance minus the ~~medicare~~ Medicare payment.”.

15 *b1053/2.49*677. Page 665, line 1: delete lines 1 to 5.

16 *b0857/P1.2*678. Page 665, line 19: delete the material beginning with “,
17 other than” and ending with “service under” on line 21 and substitute “,~~other than~~
18 payment of coinsurance for outpatient hospital services, and payment of deductibles
19 and coinsurance for inpatient hospital services under”. *STET: leave as typed*

20 *b0857/P1.3*679. Page 666, line 11: delete “coinsurance for a service” and
21 substitute “deductibles and coinsurance for inpatient hospital services”.

22 *b1053/2.50*680. Page 666, line 14: delete lines 14 to 25. *STET: leave as typed*

23 *b0865/4.15*681. Page 666, line 17: after that line insert:

~~the material beginning with Part B of Medicare ending with
page 667 line 4 and substitutes~~

1 “**SECTION 1457p.** 49.47 (4) (a) (intro.) of the statutes, as affected by 2011
2 Wisconsin Act 10, is repealed and recreated to read:

3 49.47 (4) (a) (intro.) Unless otherwise provided by the department by a policy
4 created under s. 49.45 (2m) (c), any individual who meets the limitations on income
5 and resources under pars. (b) to (c) and who complies with pars. (cm) and (cr) shall
6 be eligible for medical assistance under this section if such individual is:

7 **SECTION 1457q.** 49.47 (4) (a) (intro.) of the statutes, as affected by 2011
8 Wisconsin Act (this act), is amended to read:

9 49.47 (4) (a) (intro.) ~~Unless otherwise provided by the department by a policy~~
10 ~~created under s. 49.45 (2m) (c), any~~ Any individual who meets the limitations on
11 income and resources under pars. (b) to (c) and who complies with pars. (cm) and (cr)
12 shall be eligible for medical assistance under this section if such individual is:”.

13 ~~*b1053/2.51*682. Page 667, line 1: delete lines 1 to 4.~~

14 ***b0857/P1.4*683.** Page 667, line 19: after that line insert:

15 “**SECTION 1459c.** 49.47 (6) (a) 6. b. of the statutes is amended to read:

16 49.47 (6) (a) 6. b. An individual who is entitled to coverage under ~~part~~ Part A
17 of ~~medicare~~ Medicare, entitled to coverage under ~~part~~ Part B of ~~medicare~~ Medicare,
18 meets the eligibility criteria under sub. (4) (a), and meets the income limitation, the
19 deductible and coinsurance portions of ~~medicare~~ Medicare services under 42 USC
20 1395 to 1395zz ~~which that~~ are not paid under 42 USC 1395 to 1395zz, including those
21 ~~medicare~~ Medicare services that are not included in the approved state plan for
22 services under 42 USC 1396; the monthly premiums payable under 42 USC 1395v;
23 the monthly premiums, if applicable, under 42 USC 1395i-2 (d); and the late
24 enrollment penalty, if applicable, for premiums under ~~part~~ Part A of ~~medicare~~

← STET:
leave
as typed

1 Medicare. Payment of coinsurance for a service under ~~part Part B of medicare~~
2 Medicare under 42 USC 1395j to 1395w, ~~other than payment of coinsurance for~~
3 ~~outpatient hospital services,~~ and payment of deductibles and coinsurance for
4 inpatient hospital services under Part A of Medicare may not exceed the allowable
5 charge for the service under ~~medical assistance~~ Medical Assistance minus the
6 ~~medicare~~ Medicare payment.

7 **SECTION 1459d.** 49.47 (6) (a) 6. c. of the statutes is amended to read:

8 49.47 (6) (a) 6. c. An individual who is only entitled to coverage under ~~part Part~~
9 ~~A of medicare~~ Medicare, meets the eligibility criteria under sub. (4) (a), and meets
10 the income limitation, the deductible and coinsurance portions of ~~medicare~~ Medicare
11 services under 42 USC 1395 to 1395i ~~which that~~ are not paid under 42 USC 1395 to
12 1395i, including those ~~medicare~~ Medicare services that are not included in the
13 approved state plan for services under 42 USC 1396; the monthly premiums, if
14 applicable, under 42 USC 1395i-2 (d); and the late enrollment penalty, if applicable,
15 for premiums under ~~part Part A of medicare~~ Medicare. Payment of deductibles and
16 coinsurance for inpatient hospital services under Part A of Medicare may not exceed
17 the allowable charge for the service under Medical Assistance minus the Medicare
18 payment.

19 **SECTION 1459e.** 49.47 (6) (a) 6. d. of the statutes is amended to read:

20 49.47 (6) (a) 6. d. An individual who is entitled to coverage under ~~part Part A~~
21 ~~of medicare~~ Medicare, entitled to coverage under ~~part Part B of medicare~~ Medicare,
22 and meets the eligibility criteria for ~~medical assistance~~ Medical Assistance under
23 sub. (4) (a), but does not meet the income limitation, the deductible and coinsurance
24 portions of ~~medicare~~ Medicare services under 42 USC 1395 to 1395zz ~~which that~~ are
25 not paid under 42 USC 1395 to 1395zz, including those ~~medicare~~ Medicare services

1 that are not included in the approved state plan for services under 42 USC 1396.
2 Payment of coinsurance for a service under ~~part~~ Part B of medicare Medicare under
3 42 USC 1395j to 1395w, ~~other than payment of coinsurance for outpatient hospital~~
4 ~~services, and payment of deductibles and coinsurance for inpatient hospital services~~
5 under Part A of Medicare may not exceed the allowable charge for the service under
6 ~~medical assistance~~ Medical Assistance minus the ~~medicare~~ Medicare payment.

7 **SECTION 1459f.** 49.47 (6) (a) 6. e. of the statutes is amended to read:

8 49.47 (6) (a) 6. e. An individual who is only entitled to coverage under ~~part~~ Part
9 A of medicare Medicare and meets the eligibility criteria for ~~medical assistance~~
10 Medical Assistance under sub. (4) (a), but does not meet the income limitation, the
11 deductible and coinsurance portions of ~~medicare~~ Medicare services under 42 USC
12 1395 to 1395i, including those services that are not included in the approved state
13 plan for services under 42 USC 1396. Payment of deductibles and coinsurance for
14 inpatient hospital services under Part A of Medicare may not exceed the allowable
15 charge for the service under Medical Assistance minus the Medicare payment.

16 **SECTION 1459g.** 49.47 (6) (a) 6. f. of the statutes is amended to read:

17 49.47 (6) (a) 6. f. For an individual who is only entitled to coverage under ~~part~~
18 Part B of medicare Medicare and meets the eligibility criteria under sub. (4), but does
19 not meet the income limitation, ~~medical assistance~~ Medical Assistance shall include
20 payment of the deductible and coinsurance portions of ~~medicare~~ Medicare services
21 under 42 USC 1395j to 1395w, including those ~~medicare~~ Medicare services that are
22 not included in the approved state plan for services under 42 USC 1396. Payment
23 of coinsurance for a service under ~~part~~ Part B of medicare, ~~other than payment of~~
24 ~~coinsurance for outpatient hospital services,~~ Medicare may not exceed the allowable

1 charge for the service under ~~medical assistance~~ Medical Assistance minus the
2 ~~medicare~~ Medicare payment.”.

3 ***b0858/2.1*684.** Page 667, line 19: after that line insert:

4 “**SECTION 1459bn.** 49.47 (4) (k) of the statutes is created to read:

5 49.47 (4) (k) Notwithstanding par. (b) 3. and s. 445.125 (1) (a), no later than 60
6 days after the effective date of this paragraph ... [LRB inserts date], the department
7 shall seek approval from the federal Centers for Medicare and Medicaid Services to
8 permit friends and family members of any individual receiving medical assistance
9 under this section to contribute funds to an irrevocable burial trust for the
10 individual, up to a total irrevocable trust amount of \$4,500, without the individual
11 losing eligibility for medical assistance under this section. If the federal Centers for
12 Medicare and Medicaid Services approves the request, the department shall
13 implement the change under this section within 60 days after receiving approval.”.

14 ***b0865/4.16*685.** Page 667, line 19: after that line insert:

15 “**SECTION 1459e.** 49.47 (5) (intro.) of the statutes, as affected by 2011 Wisconsin
16 Act 10, is repealed and recreated to read:

17 49.47 (5) INVESTIGATION BY DEPARTMENT. (intro.) The department may make
18 additional investigation of eligibility at any of the following times:

19 **SECTION 1459g.** 49.47 (5) (a) of the statutes, as affected by 2011 Wisconsin Act
20 10, is repealed and recreated to read:

21 49.47 (5) (a) When there is reasonable ground for belief that an applicant may
22 not be eligible or that the beneficiary may have received benefits to which the
23 beneficiary is not entitled.

STET: leave as typed

1 SECTION 1459i. 49.47 (5) (c) of the statutes, as affected by 2011 Wisconsin Act
2 10, is repealed and recreated to read:

3 49.47 (5) (c) Any time determined by the department by a policy created under
4 s. 49.45 (2m) (c) to determine eligibility or to reevaluate continuing eligibility, except
5 that if federal law allows a reevaluation of eligibility more frequently than every 12
6 months and if there is no conflicting provision of state law, the department is not
7 required to create a policy to reevaluate eligibility under this section.

8 SECTION 1459j. 49.47 (5) (c) of the statutes, as created by 2011 Wisconsin Act
9 (this act), is repealed.

10 SECTION 1459n. 49.47 (6) (a) (intro.) of the statutes, as affected by 2011
11 Wisconsin Act 10, is repealed and recreated to read:

12 49.47 (6) (a) (intro.) Unless otherwise provided by the department by a policy
13 created under s. 49.45 (2m) (c), the department shall audit and pay charges to
14 certified providers for medical assistance on behalf of the following:

15 SECTION 1459o. 49.47 (6) (a) (intro.) of the statutes, as affected by 2011
16 Wisconsin Act (this act), is amended to read:

17 49.47 (6) (a) (intro.) Unless otherwise provided by the department by a policy
18 created under s. 49.45 (2m) (c), the The department shall audit and pay charges to
19 certified providers for medical assistance on behalf of the following:"

20 *b1053/2.52*686. Page 667, line 20: delete lines 20 to 25.

21 *b1053/2.53*687. Page 668, line 1: delete lines 1 to 8.

22 *b0865/4.17*688. Page 668, line 3: after that line insert:

23 "SECTION 1461g. 49.471 (13) of the statutes, as created by 2011 Wisconsin Act
24 10, is repealed and recreated to read:

~~The material beginning with that line and ending with
page 668, line 8 and substitute~~

8:

1 49.471 (13) APPLICABILITY. If the department creates a policy under s. 49.45
2 (2m) (c), subs. (4), (5), (6), (7), (8), (10), and (11) do not apply to the extent that those
3 subsections conflict with the policy.

4 SECTION 1461h. 49.471 (13) of the statutes, as created by 2011 Wisconsin Act
5 (this act), is repealed.

6 SECTION 1461p. 49.472 (3) (intro.) of the statutes, as affected by 2011
7 Wisconsin Act 10, is repealed and recreated to read:

8 49.472 (3) ELIGIBILITY. (intro.) Except as provided in sub. (6) (a) and unless
9 otherwise provided by the department by a policy created under s. 49.45 (2m) (c), an
10 individual is eligible for and shall receive medical assistance under this section if all
11 of the following conditions are met: *je* ←

12 SECTION 1461q. 49.472 (3) (intro.) of the statutes, as affected by 2011 Wisconsin
13 Act (this act), is amended to read:

14 49.472 (3) ELIGIBILITY. (intro.) Except as provided in sub. (6) (a) and unless
15 otherwise provided by the department by a policy created under s. 49.45 (2m) (c), an
16 individual is eligible for and shall receive medical assistance under this section if all
17 of the following conditions are met: *je* ←

18 *b0865/4.18*689. Page 668, line 8: after that line insert:

19 SECTION 1462g. 49.472 (4) (b) (intro.) of the statutes, as affected by 2011
20 Wisconsin Act 10, is repealed and recreated to read:

21 49.472 (4) (b) (intro.) The department may waive monthly premiums that are
22 calculated to be below \$10 per month. Unless otherwise provided by the department
23 by a policy created under s. 49.45 (2m) (c), the department may not assess a monthly

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1 premium for any individual whose income level, after adding the individual's earned
2 income and unearned income, is below 150% of the poverty line.

3 **SECTION 1462h.** 49.472 (4) (b) (intro.) of the statutes, as affected by 2011
4 Wisconsin Act (this act), is amended to read:

5 49.472 (4) (b) (intro.) The department may waive monthly premiums that are
6 calculated to be below \$10 per month. ~~Unless otherwise provided by the department~~
7 ~~by a policy created under s. 49.45 (2m) (c), the~~ The department may not assess a
8 monthly premium for any individual whose income level, after adding the
9 individual's earned income and unearned income, is below 150% of the poverty line.".

10 ~~*b0865/4.19*690.~~ Page 668, line 21: delete lines 21 to 24 and substitute:

11 **"SECTION 1465n.** 49.473 (2) (intro.) of the statutes, as affected by 2011
12 Wisconsin Act 10, is repealed and recreated to read:
13 49.473 (2) (intro.) Unless otherwise provided by the department by a policy
14 created under s. 49.45 (2m) (c), a woman is eligible for medical assistance as provided
15 under sub. (5) if, after applying to the department, the department determines that
16 she meets all of the following requirements: *or*

or a county department (use 2x)

move

17 ***b1053/2.54*691.** Page 668, line 21: delete the material beginning with that
18 line and ending with page 669, line 20.

19 ***b0865/4.20*692.** Page ~~668~~ *669*, line ~~24~~ *20*: after that line insert:

20 **SECTION 1465p.** 49.473 (2) (intro.) of the statutes, as affected by 2011
21 Wisconsin Act (this act), is amended to read:

22 49.473 (2) (intro.) ~~Unless otherwise provided by the department by a policy~~
23 ~~created under s. 49.45 (2m) (c), a~~ A woman is eligible for medical assistance as

<use 2x>

or a county
department

1 provided under sub. (5) if, after applying to the department, the department
2 determines that she meets all of the following requirements:"

3 ***b0865/4.21*693.** Page 669, line 21: delete the material beginning with that
4 line and ending with page 670, line 2, and substitute:

5 "SECTION 1469y. 49.473 (5) of the statutes, as affected by 2011 Wisconsin Act
6 10, is repealed and recreated to read:

7 49.473 (5) The department shall audit and pay, from the appropriation
8 accounts under s. 20.435 (4) (b), (gm), and (o), allowable charges to a provider who
9 is certified under s. 49.45 (2) (a) 11. for medical assistance on behalf of a woman who
10 meets the requirements under sub. (2) for all benefits and services specified under
11 s. 49.46 (2), unless otherwise provided by the department by a policy created under
12 s. 49.45 (2m) (c)."

13 ***b0865/4.22*694.** Page 670, line 2: after that line insert:

14 "SECTION 1470b. 49.473 (5) of the statutes, as affected by 2011 Wisconsin Act
15 (this act), is amended to read:

16 49.473 (5) The department shall audit and pay, from the appropriation
17 accounts under s. 20.435 (4) (b), (gm), and (o), allowable charges to a provider who
18 is certified under s. 49.45 (2) (a) 11. for medical assistance on behalf of a woman who
19 meets the requirements under sub. (2) for all benefits and services specified under
20 s. 49.46 (2), ~~unless otherwise provided by the department by a policy created under~~
21 ~~s. 49.45 (2m) (c).~~"

22 ***b1053/2.55*695.** Page 670, line 3: delete the material beginning with that
23 line and ending with page 671, line 22.

24 ***b0953/1.1*696.** Page 671, line 22: after that line insert: